

|             |                    |             |
|-------------|--------------------|-------------|
| CLAIMS ONLY | Application Number | Filing Date |
|             | 10/772493          |             |
|             | Applicant(s)       |             |

10/772493

|        |          |        |          |            |         |   |
|--------|----------|--------|----------|------------|---------|---|
| CLAIMS | Abstract | Claims | Drawings | References | Remarks | * May be used for additional claims or amendments |
|--------|----------|--------|----------|------------|---------|---|

| CLAIMS | AMENDMENT |        | AMENDMENT |        | AMENDMENT |        |
|--------|-----------|--------|-----------|--------|-----------|--------|
|        | Indep     | Depend | Indep     | Depend | Indep     | Depend |
| 1      |           |        |           |        |           |        |
| 2      |           |        |           |        |           |        |
| 3      |           |        |           |        |           |        |
| 4      |           |        |           |        |           |        |
| 5      |           |        |           |        |           |        |
| 6      |           |        |           |        |           |        |
| 7      |           |        |           |        |           |        |
| 8      |           |        |           |        |           |        |
| 9      |           |        |           |        |           |        |
| 10     |           |        |           |        |           |        |
| 11     |           |        |           |        |           |        |
| 12     |           |        |           |        |           |        |
| 13     |           |        |           |        |           |        |
| 14     |           |        |           |        |           |        |
| 15     |           |        |           |        |           |        |
| 16     |           |        |           |        |           |        |
| 17     |           |        |           |        |           |        |
| 18     |           |        |           |        |           |        |
| 19     |           |        |           |        |           |        |
| 20     |           |        |           |        |           |        |
| 21     |           |        |           |        |           |        |
| 22     |           |        |           |        |           |        |
| 23     |           |        |           |        |           |        |
| 24     |           |        |           |        |           |        |
| 25     |           |        |           |        |           |        |
| 26     |           |        |           |        |           |        |
| 27     |           |        |           |        |           |        |
| 28     |           |        |           |        |           |        |
| 29     |           |        |           |        |           |        |
| 30     |           |        |           |        |           |        |
| 31     |           |        |           |        |           |        |
| 32     |           |        |           |        |           |        |
| 33     |           |        |           |        |           |        |
| 34     |           |        |           |        |           |        |
| 35     |           |        |           |        |           |        |
| 36     |           |        |           |        |           |        |
| 37     |           |        |           |        |           |        |
| 38     |           |        |           |        |           |        |
| 39     |           |        |           |        |           |        |
| 40     |           |        |           |        |           |        |
| 41     |           |        |           |        |           |        |
| 42     |           |        |           |        |           |        |
| 43     |           |        |           |        |           |        |
| 44     |           |        |           |        |           |        |
| 45     |           |        |           |        |           |        |
| 46     |           |        |           |        |           |        |
| 47     |           |        |           |        |           |        |
| 48     |           |        |           |        |           |        |
| 49     |           |        |           |        |           |        |
| 50     |           |        |           |        |           |        |
| Total  |           |        |           |        |           |        |
| Indep  |           |        |           |        |           |        |
| Total  |           |        |           |        |           |        |
| Depend |           |        |           |        |           |        |
| Total  |           |        |           |        |           |        |
| Claims |           |        |           |        |           |        |

\* May be used for additional claims or amendments

|        | Indep | Depend | Indep | Depend | Indep | Depend |
|--------|-------|--------|-------|--------|-------|--------|
| 51     |       |        |       |        |       |        |
| 52     |       |        |       |        |       |        |
| 53     |       |        |       |        |       |        |
| 54     |       |        |       |        |       |        |
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| 56     |       |        |       |        |       |        |
| 57     |       |        |       |        |       |        |
| 58     |       |        |       |        |       |        |
| 59     |       |        |       |        |       |        |
| 60     |       |        |       |        |       |        |
| 61     |       |        |       |        |       |        |
| 62     |       |        |       |        |       |        |
| 63     |       |        |       |        |       |        |
| 64     |       |        |       |        |       |        |
| 65     |       |        |       |        |       |        |
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| 69     |       |        |       |        |       |        |
| 70     |       |        |       |        |       |        |
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| 76     |       |        |       |        |       |        |
| 77     |       |        |       |        |       |        |
| 78     |       |        |       |        |       |        |
| 79     |       |        |       |        |       |        |
| 80     |       |        |       |        |       |        |
| 81     |       |        |       |        |       |        |
| 82     |       |        |       |        |       |        |
| 83     |       |        |       |        |       |        |
| 84     |       |        |       |        |       |        |
| 85     |       |        |       |        |       |        |
| 86     |       |        |       |        |       |        |
| 87     |       |        |       |        |       |        |
| 88     |       |        |       |        |       |        |
| 89     |       |        |       |        |       |        |
| 90     |       |        |       |        |       |        |
| 91     |       |        |       |        |       |        |
| 92     |       |        |       |        |       |        |
| 93     |       |        |       |        |       |        |
| 94     |       |        |       |        |       |        |
| 95     |       |        |       |        |       |        |
| 96     |       |        |       |        |       |        |
| 97     |       |        |       |        |       |        |
| 98     |       |        |       |        |       |        |
| 99     |       |        |       |        |       |        |
| 100    |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Indep  |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Depend |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Claims |       |        |       |        |       |        |